

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

FORM APPROVE.
OMB NO. 0920-02

TETANUS SURVEILLANCE CASE REPORT

CDC Use (3-5)

State Case No. _____

Year of Tetanus Onset (1-2) 19____

1. DEMOGRAPHIC DATA

State (Abb.): <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> (6-7)	County: _____	Date of Birth Mo. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Yr. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> (8-9) (10-11) (12-13)	Sex (14) 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Race/Ethnicity (15) 1 <input type="checkbox"/> White, not Hispanic 2 <input type="checkbox"/> Black, not Hispanic 3 <input type="checkbox"/> Hispanic 4 <input type="checkbox"/> Asian or Pacific Islander 5 <input type="checkbox"/> American Indian or Alaskan Native 9 <input type="checkbox"/> Unknown
Occupation (16-18): _____		History of Military/National Guard Service (19) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown If YES, year of entry: (20-21) 19____		

TETANUS TOXOID history PRIOR to tetanus disease (EXCLUDE doses received since acute injury): (22)

0 ☐ Never 1 ☐ 1 Dose 2 ☐ 2 Doses 3 ☐ 3 Doses 4 ☐ 4+ Doses 9 ☐ Unknown

Interval since last TETANUS TOXOID dose: _____ years. (23-24)

2. CLINICAL HISTORY

Acute wound identified? (25) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown IF YES, date wound occurred: Mo. Day Yr.
(26-27) (28-29) (30-31)

If yes, specify one principal anatomic site: (32) 1 ☐ Head 2 ☐ Trunk 3 ☐ Upper extremity 4 ☐ Lower extremity 9 ☐ Unspecified

Work-related? (33) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Environment: (34) 1 ☐ Home 2 ☐ Other indoors 3 ☐ Farm/yard 4 ☐ Automobile 5 ☐ Other outdoors 9 ☐ Unknown

Describe in detail circumstances of wound (e.g., stepped on a nail in basement): _____

CDC Use (35-36)

Specify ONE principal wound type: (37-38) 01 ☐ Puncture 02 ☐ Stellate Laceration 03 ☐ Linear Laceration 04 ☐ Crush 05 ☐ Abrasion
06 ☐ Avulsion 07 ☐ Burn 08 ☐ Frostbite 09 ☐ Compound Fracture 99 ☐ Unknown

10 ☐ Other (describe): _____

Contaminated (Dirt, feces, soil, saliva, etc.): (39) 1 ☐ Yes 2 ☐ No 9 ☐ UnknownDepth of Wound: (40) 1 ☐ 1 cm. or less 2 ☐ More than 1 cm. 9 ☐ UnknownSigns of Infection: (41) 1 ☐ Yes 2 ☐ No 9 ☐ UnknownDevitalized, ischemic or denervated tissue: (42) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

3. MEDICAL CARE PRIOR TO ILLNESS ONSET

Was medical care obtained for this acute injury? (43) 1 ☐ Yes 2 ☐ No 9 ☐ UnknownIf YES, was TETANUS TOXOID administered after acute injury but before tetanus onset? (44) 1 ☐ Yes 2 ☐ No 9 ☐ UnknownIf YES, how soon after injury? (45) 1 ☐ ≤ 6 Hours 2 ☐ 7-23 Hours 3 ☐ 1-4 Days 4 ☐ 5-9 Days 5 ☐ 10-14 Days 6 ☐ 15+ DaysWas wound debrided before tetanus onset? (46) 1 ☐ Yes 2 ☐ No 9 ☐ UnknownIf YES, how soon after injury? (47) 1 ☐ ≤ 6 Hours 2 ☐ 7-23 Hours 3 ☐ 1-4 Days 4 ☐ 5-9 Days 5 ☐ 10-14 Days 6 ☐ 15+ DaysWas TETANUS IMMUNE GLOBULIN prophylaxis given before tetanus onset? (48) 1 ☐ Yes 2 ☐ No 9 ☐ UnknownIf YES, how soon after injury? (49) 1 ☐ ≤ 6 Hours 2 ☐ 7-23 Hours 3 ☐ 1-4 Days 4 ☐ 5-9 Days 5 ☐ 10-14 Days 6 ☐ 15+ Days

If YES, dosage (in units) (50-55) _____

If NO acute injury, identify associated condition: (56) 1 ☐ Abscess 2 ☐ Ulcer 3 ☐ Blister 4 ☐ Gangrene 5 ☐ Cellulitis
6 ☐ Other Infection 9 ☐ None

Detailed description: _____

Diabetes? (57) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown If YES, insulin-dependent diabetes? (58) 1 ☐ Yes 2 ☐ No 9 ☐ UnknownParenteral drug abuse? (59) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

4. COURSE OF TETANUS DISEASE

Date of Tetanus Onset: Mo. Day Yr. Type of Tetanus Disease: (66) 1 ☐ Generalized 2 ☐ Localized 3 ☐ Cephalic 9 ☐ Unk.
(60-61) (62-63) (64-65)

Was TETANUS IMMUNE GLOBULIN Therapy Given? (67) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

If YES, how soon after illness onset? (68) 1 ☐ ≤ 6 Hours 2 ☐ 7-23 Hours 3 ☐ 1-4 Days 4 ☐ 5-9 Days 5 ☐ 10-14 Days 6 ☐ 15+ Days

If YES, initial dosage (in units) (69-74) _____ Total dosage (in units) (75-80) _____

Days Hospitalized: (81-82) ☐ Required mechanical ventilation? (83) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Outcome One Month After Onset: (84) 1 ☐ Recovered 2 ☐ Convalescing 3 ☐ Died

If Expired, Date: Mo. Day Yr.
(85-86) (87-88) (89-90)

5. NEONATAL PATIENTS (LESS THAN 28 DAYS OLD)

Age of mother (91-92) ☐ years

Mother's TETANUS TOXOID History PRIOR to Child's Disease (Known Doses Only): (93)

0 ☐ Never 1 ☐ 1 Dose 2 ☐ 2 Doses 3 ☐ 3 Doses 4 ☐ 4+ Doses 9 ☐ Unknown

Interval Since Last TT Dose: (94-95) _____ years.

Patient Born In: (96) 1 ☐ Hospital 2 ☐ Home 3 ☐ Other(specify) _____

Birth Attended By: (97) 1 ☐ Physician 2 ☐ Nurse 3 ☐ Licensed Midwife 4 ☐ Unlicensed Midwife

5 ☐ Other (specify) _____ 9 ☐ Unknown

6. ADDITIONAL COMMENTS :

7. Report Submitted By:

Name _____ Title _____

Institution _____ Phone () _____

Date Mo. Day Yr.
☐ ☐ ☐ (98-99)

PLEASE RETURN THIS FORM TO THE IMMUNIZATION SECTION OF YOUR STATE HEALTH DEPARTMENT
FOR RECORDING AND FORWARDING TO:

IMMUNIZATION DIVISION, CPS
CENTERS FOR DISEASE CONTROL
ATLANTA, GA 30333

Tetanus Surveillance Worksheet

STATE CASE ID _____

Name _____ Hospital Record No. _____
 Address _____
 Street and No. _____ City _____ County _____ State _____ Zip _____ Phone _____
 Reporting Physician/Nurse _____
 /Hospital/Clinic Name _____ Address _____ Phone _____

-----DETACH HERE (Identifying information above should not be sent to CDC)-----

Site _____

Tetanus Surveillance Worksheet

STATE CASE ID _____
City _____

County _____ Note: this form has _____ pages State _____
 Zip _____ Birth Date ____/____/____ *Age _____ (999 Unknown) Age type _____ 0 0-120 Years
 Months _____ Month Day Year 1 0-11
 2 0-52 Weeks *Race _____ N Native Amer./Alaskan Native Ethnicity _____ H Hispanic Sex _____ M Male
 3 0-28 Days A Asian/Pacific Islander N Not Hispanic F Female 4 Age group
 coding) B African American U Unknown U Unknown (census
 W White 9 Age unknown
 O Other
 U Unknown

Event name Tetanus Event code 10210 Case count 1 (For individual record)
 Event type 1 1 Onset date of cough Event, date ____/____/____ *Outbreak _____ (Leave blank unless
 [Note: If onset date cannot be determined, provide one of the following (listed in order of preference)] Month Day Year Associated case affiliated with
 2 Date of diagnosis outbreak & want to
 name/no.) 3 Date of lab result note outbreak
 4 Date of 1st report
 5 State/MMWR report

MMWR week [inserted by computer pgm-- Year [inserted by computer pgm] Date of report ____/____/____
 date record entered] Month Day Year

Comments _____ Imported _____ 1 Indigenous (acquired in USA reporting state) Case status _____ 1
 Confirmed _____ 2 International (acquired outside USA) (report _____ 2
 (Other data) _____ 3 Out of State (acquired in USA outside reporting state) status) _____ 3
 Probable _____ 9 Unknown _____ 9
 Suspected _____
 Unknown _____
 HISTORY

State case ID _____ Year of tetanus onset _____ Occupation _____
 History of Military-National _____ Year of entry into Military _____
 Guard Service Y N U or National Guard
 Tetanus toxoid (TT) history prior to tetanus disease _____ 0 Never Years since last dose _____ (range 0-98;
 (EXCLUDE doses received since acute injury) 1 1 dose 99 Unknown)
 2 2 doses
 3 3 doses
 4 4+doses
 9 Unknown

CLINICAL DATA [Y=YES, N=NO, U=UNKNOWN]

Acute wound identified? _____ Date wound occurred ____/____/____
 Y N U Month Day Year

Principal anatomic site _____ 1 Head Work related? _____
 2 Trunk Y N U
 3 Upper extremity
 4 Lower extremity
 9 Unspecified

Environment _____ 1 Home *Circumstances _____
 2 Other indoors) (Describe in detail)
 3 Farm/yard
 4 Automobile
 5 Other outdoors
 9 Unknown

Principal wound type _____ 1 Puncture *Wound contaminated? _____
 2 Stellate Laceration Y N U
 3 Linear Laceration
 4 Crush
 5 Abrasion
 6 Avulsion
 7 Burn
 8 Frostbite
 9 Compound Fracture
 10 Other
 99 Unknown

Depth of wound _____ 1 1 cm. or less
2 More than 1 cm.
9 Unknown

Signs of infection? _____
Y N U

Devitalized, ischemic or denervated tissue present? _____
Y N U

MEDICAL CARE PRIOR TO ILLNESS ONSET

Was medical care obtained for this acute injury? _____
Y N U

Tetanus toxoid (TT) administered before
tetanus onset? _____
Y N U

If yes, TT given how soon after injury? _____
1 < 6 hrs
2 7-23 hrs
3 1-4 days
4 5-9 days
5 10-14 days
6 15+ days
9 Unknown

Wound debrided before tetanus onset? _____
Y N U

If yes, debrided how soon after injury? _____
1 < 6 hrs
2 7-23 hrs
3 1-4 days
4 5-9 days
5 10-14 days
6 15+ days
9 Unknown

Tetanus Immune Globulin (TIG) prophylaxis
received before tetanus onset? _____
Y N U

If yes, TIG given how soon after injury? _____
1 < 6 hrs
2 7-23 hrs
3 1-4 days
4 5-9 days
5 10-14 days
6 15+ days
999 Unknown)
9 = Unknown

Dosage (units) _____ (range 0-998;

999 Unknown)

Associated condition _____
(if no acute injury) 1 Abscess
2 Ulcer
3 Blister
4 Gangrene
5 Cellulitis
6 Other Infection
9 None

Describe condition _____

Diabetes? _____ If yes, insulin-dependent? _____
Y N U Y N U

Parenteral drug abuse? _____ Describe _____
Y N U

COURSE OF TETANUS DISEASE

Type of tetanus disease _____
1 Generalized
2 Localized
3 Cephalic
4 Unknown

TIG therapy given? _____
Y N U

If yes, how soon after illness onset? _____
1 < 6 Hrs
2 7-23 Hrs
3 1-4 Days
4 5-9 Days
5 10-14 Days
6 15+ Days
9 Unknown

Total dosage (in units) _____

Days hospitalized _____ (range: 0-998;
999 Unknown)

Days in ICU _____ (range 0-998;
999 Unknown)

Days received mechanical ventilation _____ (range 0-998;
999 Unknown)

Outcome one month _____
after onset R Recovered
C Convalescing
D Died

If died, date expired ____/____/____
Month Day Year

NEONATAL PATIENTS (under 28 days old)

Mother's age in years _____ (range 12-60;
99 Unknown)

Mother's Birthdate ____/____/____
Month Day Year

*Date mother's arrival in U.S. ____/____/____
Month Day Year

Mother's tetanus toxoid (TT)
history PRIOR to child's
disease (known doses only) _____
1 < 6 Hrs
2 7-23 Hrs
3 1-4 Days
4 5-9 Days
5 10-14 Days
6 15+ Days
9 Unknown

Years since mother's last TT dose _____ (range 0-98;
99 Unknown)

Child's birthplace _____
1 Hospital
2 Home
3 Other
4 Unknown

Birth attendant(s) _____
1 Physician
2 Nurse
3 Licensed Midwife

Other birth attendant(s) _____
(if not previously listed)

4 Unlicensed Midwife
5 Other
9 Unknown

Other Comments? ___ (Y or N)

REPORT SUBMITTED BY

Reporter's Name _____
Title _____
Institution _____
Phone _____
Date Reported ____/____/____
Month Day Year

*NOTES

Age Age of patient at illness onset in no. of years, months, weeks, or days as indicated by AGETYPE
Race "4" is not used. It was formerly used for Hispanic, which is now indicated under "ETHNICITY"
Outbreak (Tetanus) ___ cases (with at least one laboratory confirmed case) clustered in space and time
Circumstances For example, "stepped on a nail in basement"
Contaminated wound Contaminated with dirt, feces, soil, saliva, etc.
Date mother's arrival in U.S. If mother out of the U.S. at any time during her pregnancy